

NEW STUDENT ENROLMENT FORM

SCHOOL NAME:- _____

EMIS CODE:- _____

NEW ENROLMENT					TRANSFER IN												
CLASS					SECTION												
STUDENT'S NAME:-																	
GENDER	MALE		FEMALE		DATE OF BIRTH												
B-FORM																	
FATHER'S INFORMATION																	
FATHER'S NAME:-																	
F CNIC																	
MOTHER'S INFORMATION																	
MOTHER'S NAME:-																	
M CNIC																	
GAURDIAN'S INFORMATION (IF OTHER THAN FATHER AND MOTHER)																	
GAURDIAN'S NAME:-																	
G CNIC																	
CONTACT INFORMATION																	
CONTACT #																	
ADDRESS:																	
DISTANCE FROM SCHOOL:-																	
BRICK KLIN	YES		NO		SPECIAL			YES		NO							
EDUCATION INFORMATION																	
ENROLMENT NO.:-				DATE OF ENROLMENT													
CLASS OF ENROLMENT:-								MEDIUM	URDU		ENGLISH						
EMERGENCY CAMPAIGN:-																	
STUDENT'S HEALTH INFORMATION																	
SEEING																	
DOES WEAR GLASSES OR CONTACT LENS?										YES		NO					
DIFFICULTY WHILE SEEING THE BLACKBOARD OR READING BOOK?										YES		NO					
HEARING																	
DOES USE HEARING AID?										YES		NO					
WALKING																	
DOES USE CRUTCHES OR WALKER FOR WALKING?										YES		NO					
LEARNING																	
DIFFICULTY IN READING OR WRITING: (NO/SOME/A LOT OF/CANNOT)																	
DIFFICULTY IN REMEMBERING THINGS: (NO/SOME/A LOT OF/CANNOT)																	
DIFFICULTY IN CONCENTRATING ON AN ACTIVITY AND IN COMPLETING WORK: (NO/SOME/A LOT OF/CANNOT)																	